

2020/07/22-03

WORKERS' COMPENSATION BOARD
RESOLUTION OF THE BOARD OF DIRECTORS

RE: Acupuncture

WHEREAS:

Pursuant to section 319 of the *Workers Compensation Act*, R.S.B.C. 2019, c. 1 (*Act*), the Board of Directors of the Workers' Compensation Board (WorkSafeBC) must set and revise as necessary the policies of the Board of Directors, including policies respecting occupational health and safety, compensation, rehabilitation and assessment;

AND WHEREAS:

Section 156 of the *Act* provides WorkSafeBC with authority to provide for injured workers health care benefits that WorkSafeBC considers reasonably necessary to cure the injury or alleviate the effects of the injury;

AND WHEREAS:

Policies in Chapter 10 of the *Rehabilitation Services & Claims Manual (RS&CM)*, Volumes I and II, provide direction on the provision of health care under the *Act*;

AND WHEREAS:

The Policy, Regulation and Research Division developed amendments to Item C10-77.00, *Other Recognized Health Care Professionals*, of the *RS&CM*, Volumes I and II, which provides guidance on the provision of acupuncture treatment and services to injured workers;

AND WHEREAS:

The Policy, Regulation and Research Division identified Item C10-76.00, *Physicians and Qualified Practitioners*, of the *RS&CM*, Volumes I and II, as requiring consequential amendment;

AND WHEREAS:

The Policy, Regulation and Research Division has undertaken stakeholder consultation on this issue and has advised the Board of Directors on the results of the consultation;

THE BOARD OF DIRECTORS RESOLVES THAT:

1. The amendments to Items C10-76.00, *Physicians and Qualified Practitioners*, and C10-77.00, *Other Recognized Health Care Professionals*, of the *RS&CM*, Volume II, as set out in Appendix 1 attached to this resolution, are approved, and apply to health care expenses incurred and health care provided on or after September 1, 2020.
2. The amendments to Items C10-76.00, *Physicians and Qualified Practitioners*, and C10-77.00, *Other Recognized Health Care Professionals*, of the *RS&CM*, Volume I, as set out in Appendix 2 attached to this resolution, are approved, and apply to health care expenses incurred and health care provided on or after September 1, 2020.
3. This resolution is effective September 1, 2020.
4. This resolution constitutes a policy decision of the Board of Directors.

I, Lee Loftus, hereby certify for and on behalf of the Board of Directors of WorkSafeBC that the above resolutions were duly passed at a meeting of the Board of Directors held in Richmond, British Columbia, on July 22, 2020.

LEE LOFTUS

Acting Chair, Board of Directors
Workers' Compensation Board



REHABILITATION SERVICES & CLAIMS MANUAL

RE: Physicians and Qualified Practitioners

ITEM: C10-76.00

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of a physician or qualified practitioner.

2. The Act

Section 1, in part:

“physician” means a person authorized under an enactment to practise in British Columbia as a medical practitioner;

...

“qualified practitioner” means a person authorized under an enactment to practise in British Columbia as a chiropractor, dentist, naturopathic physician, nurse practitioner or podiatrist;

...

“specialist” means a physician residing and practising in British Columbia and listed by the Royal College of Physicians and Surgeons of Canada as having specialist qualifications;

...

Section 156:

See Item C10-72.00.

Section 157:

See Item C10-73.00.

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Section 158:

See Item C10-73.00.

Section 160:

See Item C10-73.00.

Section 161(1), in part:

The Board may assume the responsibility of replacement and repair of the following for a worker:

...

- (b) eyeglasses, dentures and hearing aids broken as a result of an accident arising out of and in the course of the worker's employment ...

Section 163, in part:

- (1) A physician or qualified practitioner attending or consulted on a case of injury to a worker in an industry within the scope of the compensation provisions, or of an alleged case of such an injury, has the following duties:

...

- (d) without charge to the worker, to give to the worker and the worker's dependants all reasonable and necessary information, advice and assistance they need to
 - (i) make an application for compensation, and
 - (ii) provide the certificates and proofs required in relation to the application.
- (2) Every physician or qualified practitioner authorized under this Act to treat an injured worker is subject to the duties and responsibilities established by subsection (1), and any health care provided by the physician or qualified practitioner is subject to the direction, supervision and control of the Board.



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Section 164, in part:

- (1) Physicians, qualified practitioners or other persons authorized to provide health care under the compensation provisions must confine their treatment to injuries that are injuries to the parts of the body that they are authorized to treat under the Act under which they are permitted to practise.
- (2) A person referred to in subsection (1) who gives treatment that is not authorized as referred to in that subsection commits an offence.
- (3) A person referred to in subsection (1) who fails to submit prompt, adequate and accurate reports and accounts as required by this Act or by the Board commits an offence.
- (4) If a person fails to submit reports and accounts as referred to in subsection (3), the Board may
 - (a) cancel the right of the person to be selected by a worker to provide health care, or
 - (b) suspend the person for a period determined by the Board.
- (5) If the right of a person to provide health care is cancelled or suspended under subsection (4),
 - (a) the Board must
 - (i) notify the person of the cancellation or suspension, and
 - (ii) inform the governing body named in the Act under which the person is authorized to treat human ailments, and
 - (b) the person must notify injured workers who seek treatment from that person of the cancellation or suspension.

...



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3. Health Professions Act

Section 12(1):

The Lieutenant Governor in Council may, by regulation, designate a health profession for the purposes of this Act.

Section 15(1):

On designation of a health profession under section 12 (1), a college responsible for carrying out the objects of this Act in respect of the health profession is established.

POLICY

1. ENTITLEMENT TO HEALTH CARE SERVICES

An injured worker is entitled to the services of a physician and/or qualified practitioner as defined under the *Act*.

The Board establishes the types of treatment and fees it pays for health care and related services through contracts, or by implementation of fee schedules, as appropriate. If there is no contract or fee schedule in place at the time of service delivery with respect to a certain type of health care, the Board pays an amount for that health care that it considers reasonable.

Unless prior approval has been obtained, the Board does not generally pay for health care that is new or that it does not generally accept as reasonably necessary for the treatment of a compensable personal injury, occupational disease or mental disorder. The Board considers the scientific evidence and information regarding the effectiveness of such health care, as part of determining whether to grant approval.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

2. GENERAL POSITION OF PHYSICIANS AND QUALIFIED PRACTITIONERS

The Board's general position is that a worker's treatment should be overseen by only one physician or qualified practitioner at a time. There are cases, however, where the Board may consider concurrent treatment to be reasonable, as discussed in Item C10-73.00.

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Physicians and qualified practitioners are confined to treat injuries that are injuries to the parts of the body that they are authorized to treat by their governing Acts, regulations and bylaws.

The Board may further limit the injuries and parts of the body they are authorized to treat. A physician or qualified practitioner who gives treatment that is not authorized by their governing Act commits an offence. The maximum fine for committing this offence is set out in Appendix 5 to this *Manual*.

The Board does not pay for a worker to attend a physician or qualified practitioner whose right to provide health care has been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in policy item #95.30.

Physicians and qualified practitioners are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, the treatment possibilities, whether the injury, occupational disease or mental disorder could have been caused by the worker's employment, the worker's prognosis, and, where appropriate, expectations for return to work. Physicians and qualified practitioners are also required to give to the worker and the worker's dependants all reasonable and necessary information, including advice and assistance they need to make an application for compensation, and to provide the certificates and proofs required in relation to the application.

3. CONSULTATION WITH SPECIALIST PHYSICIANS

On an accepted claim where health care is continuing, it is not necessary for a worker to obtain approval from the Board before seeing a specialist for a consultation, provided the necessity for consultation is shown on the referring physician's reports.

Where the Board arranges a referral with a specialist, the Board notifies the worker's physician or qualified practitioner.

When either the Board or the worker's physician refers a worker to a specialist and the specialist produces a report, the specialist is required to provide a copy of the report to both the Board and the worker's physician or qualified practitioner.

3.1 Surgical Treatment

Surgeons are one type of physician recognized by the Royal College of Physicians and Surgeons of Canada as having specialist qualifications.



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The Board does not expect specialist physicians working under emergency conditions to obtain prior authorization from the Board before performing necessary surgical treatments.

However, prior authorization from the Board is required before a worker receives any elective surgical treatments, including investigative surgery, and the Board applies the policy in Item C10-73.00, in making this determination. If prior authorization is not obtained and the Board determines that the elective surgical treatment was not acceptable under the claim, the Board does not pay for the treatment.

The Board does not generally authorize investigative surgery before a claim is adjudicated, because such invasive procedures could result in a disability. However, if a worker pays the cost of investigative surgery, the Board may consider any resultant reports in adjudicating the worker's claim. If the claim is subsequently allowed, the Board may then pay the health care account for the investigative surgery under Item C10-75.00.

3.2 Psychiatric Consultation and Treatment

A psychiatrist is one type of specialist physician. "Psychiatrist" means a physician who is recognized by the College of Physicians and Surgeons of British Columbia, or another accrediting body recognized by the Board, as being a specialist in psychiatry.

The Board generally approves psychiatric examination of a worker for the purposes of assessment or consultation on an investigative basis.

Prior to paying for psychiatric treatment, the Board requires an examination report from the worker's psychiatrist relating to diagnosis, etiology, treatment possibilities and prognosis.

4. CHIROPRACTORS

Registered members in good standing with the College of Chiropractors of British Columbia may provide chiropractic treatment and services to injured workers. Chiropractors may provide the chiropractic treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

4.1 Duration of Treatment

The Board determines the duration of chiropractic treatment and services that it considers reasonable. The Board considers up to five weeks of chiropractic treatment



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reasonable for most compensable personal injuries, but pays for up to eight weeks of treatment.

The Board may pay for extensions beyond eight weeks based on a review of the evidence. The Board does not pay for more than one chiropractic treatment per day.

4.2 Scope of Treatment

The Board may set out the types of chiropractic treatment and services that it considers reasonable for most compensable personal injuries. The Board limits chiropractic treatment to the compensable area of injury and requires the chiropractic treatment to be reasonably necessary for the worker's compensable personal injury.

Prior to refusing or terminating authorization for chiropractic treatment, the Board considers all relevant medical opinions or other expert professional advice and information regarding the appropriateness of the treatment.

If the Board limits a worker's health care by terminating its authorization for chiropractic treatment, the Board communicates the decision to the chiropractor and the worker. The Board normally pays accounts for health care provided before the decision date.

4.3 X-rays

X-rays of the affected anatomical area may be taken for the purpose of assisting a chiropractor in the treatment of a worker. The Board pays health care accounts for x-rays in accordance with the current Board contract and/or fee schedule in place at the time of service delivery. The Board does not pay for:

- full-length views of the spine;
- x-rays of non-interpretable quality;
- x-rays of areas of the body not injured; and
- excess, or duplication of, x-rays.

5. DENTISTS

Registered members in good standing with the College of Dental Surgeons of British Columbia may provide dental treatment and services to injured workers. Dentists may provide the dental treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board generally pays for dental repair for damage caused by a compensable personal injury or occupational disease. "Personal injury" includes damage to dental



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crowns and fixed bridgework, as they are regarded as part of the anatomy. The Board pays for repair of dentures as set out in section 161(1)(b) of the *Act* and Item C3-23.20.

Except in emergency cases, the Board does not pay health care accounts for dental treatments without prior Board approval of the dentist's proposed treatment.

Where there are two equally effective treatment plans, the Board normally authorizes the plan that is expected to be the least costly in the long term. If the dentist and/or a worker chooses the more costly option, the Board pays for costs up to the amount that would have been paid for the authorized dental treatment plan.

6. PODIATRISTS

Registered members in good standing with the British Columbia Association of Podiatrists may provide podiatric treatment and services to injured workers. Podiatrists may provide the podiatric treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines the podiatric services that it considers reasonable. The Board may pay for podiatric services such as: primary care services, referral services, and special podiatric procedures.

7. NATUROPATHIC PHYSICIANS

Registered members in good standing with the College of Naturopathic Physicians of British Columbia may provide naturopathic treatment and services to injured workers. Naturopathic physicians may provide the naturopathic treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

7.1 Duration of Treatment

The Board determines the duration of naturopathic treatment and services that it considers reasonable. The Board considers up to eight weeks of naturopathic treatment reasonable for most compensable personal injuries, occupational diseases or mental disorders. The Board may pay for extensions of treatment beyond eight weeks based on a review of the evidence.

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The Board **determines whether it will pay for naturopathic remedies, treatments, or dietary supplements as part of an injured worker's claim.** ~~Does not pay health care accounts for naturopathic remedies, treatments, or dietary supplements without prior Board approval of the naturopathic physician's proposed remedy, treatment, or supplement.~~

Following approval, the Board may pay health care accounts submitted by a naturopathic physician, medical laboratory, or a radiologist, for tests and services performed by or on behalf of the naturopathic physician, as they relate to the worker's compensable personal injury, occupational disease or mental disorder.

8. NURSE PRACTITIONERS

Nurse practitioners in good standing with the British Columbia College of Nursing Professionals may provide nursing treatment and services to injured workers. Nurse practitioners may provide the nursing treatment and services authorized by the *Health Professions Act* and corresponding regulation and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

EFFECTIVE DATE:	January 1, 2015 September 1, 2020
AUTHORITY:	Sections 1, 156, 157, 158, 160, 161, 163, and 164 of the <i>Act</i> .
CROSS REFERENCES:	Sections 12 and 15 of the <i>Health Professions Act</i> , R.S.B.C. 1996, c. 183; Item C3-23.00, <i>Replacement and Repair of Personal Possessions – Section 161(1)</i> ; Item C3-23.20, <i>Section 161(1)(b) – Eyeglasses, Dentures and Hearing Aids</i> ; Item C10-73.00, <i>Direction, Supervision, and Control of Health Care</i> ; Item C10-75.00, <i>Health Care Accounts – General</i> ; Item C10-78.00, <i>Health Care Facilities</i> ; Item C10-79.00, <i>Health Care Supplies and Equipment</i> ; Policy item #95.00, <i>Responsibilities of Physicians/Qualified Practitioners</i> ; Policy item #95.10, <i>Form of Reports</i> ; Policy item #95.20, <i>Reports by Specialist</i> ; Policy item #95.30, <i>Failure to Report</i> ; Policy item #95.40, <i>Obligation to Advise and Assist Worker</i> ; Appendix 5, <i>Maximum Fines for Committing Offences Under the Act</i> , of the <i>Rehabilitation Services & Claims Manual</i> , Volume II.
HISTORY:	September 1, 2020 – Policy amended to streamline language on pre-approval requirements. April 6, 2020 – Housekeeping changes consequential to implementing the <i>Workers Compensation Act</i> , R.S.B.C. 2019, c. 1.

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March 1, 2019 – Housekeeping changes were made as a result of amendments to various regulations under the Health Professions Act, effective September 4, 2018, creating name of British Columbia College of Nursing Professionals

Housekeeping changes made on January 1, 2018 as a result of the amendment of section 15(1) of the *Health Professions Act*, effective November 2, 2017.

January 1, 2015 – Policy amended to include nurse practitioners as qualified practitioners in accordance with change to the *Act* resulting from the *Miscellaneous Statutes Amendment Act, 2014*, Bill 17 of 2014.

Policy also consolidated and replaced former policy items #74.00, #74.10, #74.20, #74.21, #74.22, #74.24, #74.27, #74.30, #74.40, #78.22 and #78.23 of the *Rehabilitation Services & Claims Manual*, Volume II, and included new policy on podiatrists.

June 1, 2009 – Deleted references to Board officer, Medical Advisor, Board Medical Advisor, Board's Chiropractic Consultant, Health Care Services Department, and claimant.

October 1, 2007 – Deleted references to memos and memorandums.

December 31, 2003 – This policy was amended to reflect the amendment of then section 5.1(1) of the *Act* and the introduction of then section 5.1(2) to (4) of the *Act*.

March 3, 2003 – Consequential changes were made as to references to review.

APPLICATION:

This Item applies to health care expenses incurred and health care provided on or after ~~January 1, 2015~~ **September 1, 2020**.



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RE: Other Recognized Health Care Professionals ITEM: C10-77.00

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of recognized health care professionals, other than physicians and qualified practitioners.

2. The Act

Section 156:

See Item C10-72.00.

Section 157:

See Item C10-73.00.

Section 161, in part:

See Item C10-76.00.

Section 164, in part:

- (1) Physicians, qualified practitioners or other persons authorized to provide health care under the compensation provisions [of the Act] must confine their treatment to injuries that are injuries to the parts of the body that they are authorized to treat under the Act under which they are permitted to practise.
- (2) A person referred to in subsection (1) who gives treatment that is not authorized as referred to in that subsection commits an offence.

...



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3. Health Professions Act

Section 12(1):

The Lieutenant Governor in Council may, by regulation, designate a health profession for the purposes of this Act.

Section 15(1):

On designation of a health profession under section 12 (1), a college responsible for carrying out the objects of this Act in respect of the health profession is established.

POLICY

1. DEFINITION

As set out in Item C10-72.00, “other recognized health care professionals” are health care professionals other than physicians and qualified practitioners, recognized by the Board through contracts and/or fee schedules, to provide health care to injured workers, such as acupuncturists, audiologists, community health workers, denturists, dietitians, massage therapists, nurses other than nurse practitioners, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, prosthetists and orthotists, psychologists, and other mental health care providers.

2. AUTHORIZATION FOR HEALTH CARE SERVICES

The Board may authorize persons other than physicians or qualified practitioners to provide health care to injured workers.

The Board establishes the types of treatment and fees it pays for health care through contracts or by implementation of fee schedules, as appropriate. If there is no contract and/or fee schedule in place with respect to a certain type of health care, the Board pays an amount that it considers reasonable.

Generally, the Board pays in accordance with the rates set out in the current Board contracts and/or fee schedules in place at the time of service delivery, regardless of whether the other recognized health care professional is a Board-authorized service provider under the contract and/or fee schedule.

Generally, the Board does not pay for health care that is new, non-standard or not generally accepted by the Board, unless prior Board approval has been obtained. The



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Board considers the scientific evidence and information regarding the effectiveness of such health care, when deciding whether to grant payment approval.

The Board only pays for the use of spas, public swimming pools or other exercise facilities as health care where the spa, public swimming pool or other exercise facility is used in the presence of another recognized health care professional as part of a Board-approved treatment program.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

3. GENERAL POSITION OF OTHER RECOGNIZED HEALTH CARE PROFESSIONALS

The Board's general position is that a worker should only be treated by one other recognized health care professional at a time.

Other recognized health care professionals are confined to treat injuries that are injuries to the parts of the body that they are authorized to treat by their governing Acts, regulations and bylaws. The Board may further limit the injuries and parts of the body they are authorized to treat. Other recognized health care professionals who give treatment that is not authorized by their governing Act commit an offence. The maximum fine for committing this offence is set out in Appendix 5 to this *Manual*.

The Board does not pay for a worker to attend other recognized health care professionals whose rights to provide health care have been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in policy item #95.30.

Other recognized health care professionals are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, treatment possibilities, worker's prognosis, and, where appropriate, expectations for return to work.

4. ACUPUNCTURISTS

Registered members in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia may provide acupuncture treatment and services to injured workers. Acupuncturists may provide the acupuncture treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

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The Board **determines whether it will pay for acupuncture treatment as part of an injured worker's claim.** ~~may not pay for acupuncture treatment until it has received and approved a request from the acupuncturist outlining details such as the number of treatments expected, the treatment plan and the expected outcome.~~

The Board's approval of acupuncture treatment includes direction on the number of authorized treatment visits. ~~In most cases,~~ **Generally,** the Board limits payment to a maximum of ~~five~~ **eight** treatment visits ~~over a two-week period from the date of the injured worker's first visit,~~ unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service delivery.

5. AUDIOLOGISTS

Registered members in good standing with the College of Speech and Hearing Health Professionals of British Columbia may provide audiology services to injured workers. Audiologists may provide the audiology services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for audiology services as part of an injured worker's claim. The Board pays health care accounts for audiology services according to any current Board contract and/or fee schedule in place at the time of service delivery.

6. COMMUNITY HEALTH WORKERS

Community health workers include residential care aides, personal care attendants, registered care attendants, home support workers, rehabilitation aides, or nurses' aides. Community health workers work under the direction and supervision of a physician, nurse practitioner, registered nurse or licensed practical nurse.

Where appropriate, the Board may pay health care accounts for community health workers to provide injured workers with treatments such as home wound care services or home intravenous therapy services. The Board administers these services pursuant to any current Board contract and/or fee schedule in place at the time of service delivery.

7. DENTURISTS

Registered members in good standing with the College of Denturists of British Columbia may provide denturist services to injured workers. Denturists may provide the denturist services authorized by the *Health Professions Act* and corresponding regulations and



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bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board pays reporting or form fees to denturists for any reports that the Board requires, and pays health care accounts according to any current Board contract and/or fee schedule in place at the time of service delivery.

The Board may not pay for denturist services until it has received and approved an estimate from the denturist outlining:

- the extent of dental damage;
- the method of restoration recommended; and
- the expected costs of the repair, itemized according to the current Board contract and/or fee schedule in place at the time of service delivery.

8. DIETITIANS

Registered members in good standing with the College of Dietitians of British Columbia may provide dietetic services to injured workers. Dietitians may provide the dietetic services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for dietetic services as part of an injured worker's claim. The Board pays health care accounts for dietetic services according to any current Board contract and/or fee schedule in place at the time of service delivery.

9. MASSAGE THERAPISTS

Registered members in good standing with the College of Massage Therapists of British Columbia may provide massage therapy treatment and services to injured workers. Massage therapists, registered massage therapists, massage practitioners, and registered massage practitioners may provide the massage therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

In most cases, the Board limits payment to a maximum of three treatment visits per week up to five weeks from the date of the injured worker's first visit, unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service

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delivery. The Board may pay for extensions of massage therapy treatments beyond five weeks based on a review of the evidence.

The Board does not pay for more than one massage therapy treatment per day.

10. NURSES

Registered nurses in good standing with the British Columbia College of Nursing Professionals, and licensed practical nurses in good standing with the British Columbia College of Nursing Professionals, may provide nursing treatment and services to injured workers. Nurses may provide the nursing treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

For workers who need nursing services while in a hospital, the necessary nursing service is determined and provided by the hospital. If the worker or the worker's family desires to have an additional or one-on-one nurse in attendance, the worker pays the cost of such nursing services.

Where appropriate, the Board may pay health care accounts for nurses to provide injured workers with treatments such as home wound care services or home intravenous therapy services. The Board administers these services pursuant to any current Board contract and/or fee schedule in place at the time of service delivery.

The Board accepts reports received from nurses in remote locations as medical reports if there is no physician in the immediate area.

11. OCCUPATIONAL THERAPISTS

Registered members in good standing with the College of Occupational Therapists of British Columbia may provide occupational therapy treatment and services to injured workers. Occupational therapists may provide the occupational therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for occupational therapy treatment and services as part of an injured worker's claim. The Board pays health care accounts for occupational therapy treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.



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12. OPTICIANS

Registered members in good standing with the College of Opticians of British Columbia may provide opticianry services to injured workers. Opticians, dispensing opticians and contact lens fitters may provide the opticianry services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for opticianry services as part of an injured worker's claim. The Board pays health care accounts for opticianry services according to any current Board contract and/or fee schedule in place at the time of service delivery.

13. OPTOMETRISTS

Registered members in good standing with the College of Optometrists of British Columbia may provide optometry treatment and services to injured workers. Optometrists may provide the optometry treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for optometry treatment and services as part of an injured worker's claim. The Board pays health care accounts for optometry treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

14. PHARMACISTS

Registered members in good standing with the College of Pharmacists of British Columbia may provide pharmacy services to injured workers. Pharmacists may provide the pharmacy services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for pharmacy services as part of an injured worker's claim. The Board pays health care accounts for pharmacy services according to any current Board contract and/or fee schedule in place at the time of service delivery.

15. PHYSIOTHERAPISTS

Registered members in good standing with the College of Physical Therapists of British Columbia may provide physical therapy treatment and services to injured workers.



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Physical therapists, registered physical therapists, physiotherapists, registered physiotherapists, remedial gymnasts and registered remedial gymnasts may provide the physical therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

In most cases, the Board limits payment to a maximum of one visit per day up to eight weeks, or 22 visits, whichever is earlier, from the date of the injured worker's first visit, unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service delivery. The Board may pay for extensions of physical therapy treatments and services beyond eight weeks or 22 visits based on a review of the evidence.

16. PROSTHETISTS AND ORTHOTISTS

Registered members in good standing with the Canadian Board for Certification of Prosthetists and Orthotists may provide prosthetic or orthotic services and devices to injured workers. Prosthetists and orthotists may provide prosthetic or orthotic services and devices as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for prosthetic or orthotic services and devices as part of an injured worker's claim. The Board pays health care accounts for prosthetic or orthotic services and devices according to any current Board contract and/or fee schedule in place at the time of service delivery.

17. PSYCHOLOGISTS AND COUNSELLORS

Registered members in good standing with the College of Psychologists of British Columbia may provide psychological treatment and services to injured workers. Psychologists, registered psychologists, psychological associates and registered psychological associates may provide psychological treatment and services as authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

Registered clinical counsellors in good standing with the British Columbia Association of Clinical Counsellors, or Canadian certified counsellors in good standing with the Canadian Counselling and Psychotherapy Association, may provide counselling treatment and services to injured workers. Registered clinical counsellors and Canadian certified counsellors may provide counselling treatment and services as authorized by their governing bodies and corresponding regulations and bylaws, and as

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outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for psychological or counselling treatment and services as part of an injured worker's claim. The Board pays health care accounts for psychological or counselling treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

When psychological or counselling treatment and/or services are required, the Board arranges for a psychologist or counsellor to provide treatment and/or services to the worker according to the Board's Agreement for Mental Health Providers for Psychology Assessment Services, the Mental Health Treatment Service Agreement, and accompanying guidelines.

EFFECTIVE DATE:

January 1, 2015 **September 1, 2020**

AUTHORITY:

Sections 156, 157, 161, and 164 of the *Act*.

CROSS REFERENCES:

Sections 12 and 15 of the *Health Professions Act*, R.S.B.C. 1996, c. 183;

Item C10-73.00, *Direction, Supervision, and Control of Health Care*;

Item C10-75.00, *Health Care Accounts – General*;

Item C10-79.00, *Health Care Supplies and Equipment*;

Item C10-84.00, *Additional Benefits for Severely Disabled Workers*;

Appendix 5, *Maximum Fines for Committing Offences Under the Act*, of the *Rehabilitation Services & Claims Manual*, Volume II.

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HISTORY:

September 1, 2020 - Policy amended to increase acupuncture coverage and streamline language on pre-approval requirements.

April 6, 2020 – Housekeeping changes consequential to implementing the *Workers Compensation Act*, R.S.B.C. 2019, c. 1.

March 1, 2019 – Housekeeping changes were made as a result of amendments to various regulations under the *Health Professions Act*, effective September 4, 2018, creating name of British Columbia College of Nursing Professionals.

January 1, 2018 – Housekeeping changes were made as a result of the amendment of section 15(1) of the *Health Professions Act*, which came into effect November 2, 2017.

January 1, 2015 – Policy amended to remove reference to nurse practitioners as other recognized health care professionals. Policy also incorporated the concepts from and replaced former policy items #75.00, #75.10, #75.12, #75.20, #75.30, #75.40 and #78.14 of the *Rehabilitation Services & Claims Manual*, Volume II, and included new policy on audiologists, community health workers, dietitians, massage therapists, occupational therapists, opticians, optometrists, pharmacists, prosthetists and orthotists, and psychologists and counsellors.

June 1, 2009 – Deleted references to Board officer, Unit or Area Office Medical Advisor, and Board Medical Advisor and Consultant.

APPLICATION:

This Item applies to health care expenses incurred and health care provided on or after January 1, 2015 **September 1, 2020**.



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RE: Physicians and Qualified Practitioners

ITEM: C10-76.00

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of a physician or qualified practitioner.

2. The Act

Section 1:

“specialist” means a physician residing and practising in the Province and listed by the Royal College of Physicians and Surgeons of Canada as having specialist qualifications;

Section 21:

(1) See Item C10-72.00.

(2) See Item C10-73.00.

...

(6) See Item C10-73.00.

(7) See Item C10-73.00.

(8) The board may assume the responsibility of replacement and repair of

...

(b) eyeglasses, dentures and hearing aids broken as a result of an accident arising out of and in the course of employment ...

Section 56:

- (2) It is the duty of every physician or qualified practitioner attending or consulted on a case of injury to a worker, or alleged case of injury to a worker, in an industry within the scope of this Part

...

- (d) to give all reasonable and necessary information, advice and assistance to the injured worker and the worker's dependants in making application for compensation, and in furnishing in connection with it the required certificates and proofs, without charge to the worker.

- (2) Every physician or qualified practitioner who is authorized by this *Act* to treat an injured worker is subject to like duties and responsibilities, and any health care furnished by the physician or qualified practitioner is subject to the direction, supervision and control of the board.

...

- (4) A physician, qualified practitioner or other person authorized to render health care under this Part must confine his or her treatment to injuries to the parts of the body he or she is authorized to treat under the statute under which he or she is permitted to practise, and the giving of any unauthorized treatment is an offence against this Part.

- (5) A physician, qualified practitioner or other person who fails to submit prompt, adequate and accurate reports and accounts as required by this *Act* or the board commits an offence against this Part, and his or her right to be selected by a worker to render health care may be cancelled by the board, or he or she may be suspended for a period to be determined by the board. When the right of a person to render health care is so cancelled or suspended, the board must notify the person of the cancellation or suspension, and must likewise inform the governing body named in the *Act* under which the person is authorized to treat human ailments, and the person whose right to render health care is cancelled or suspended must also notify injured workers who seek treatment from the person of the cancellation or suspension.

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3. Health Professions Act

Section 12(1):

The Lieutenant Governor in Council may, by regulation, designate a health profession for the purposes of this Act.

Section 15(1):

On designation of a health profession under section 12 (1), a college responsible for carrying out the objects of this Act in respect of the health profession is established.

POLICY

1. ENTITLEMENT TO HEALTH CARE SERVICES

An injured worker is entitled to the services of a physician and/or qualified practitioner as defined under the *Act*.

The Board establishes the types of treatment and fees it pays for health care and related services through contracts, or by implementation of fee schedules, as appropriate. If there is no contract or fee schedule in place at the time of service delivery with respect to a certain type of health care, the Board pays an amount for that health care that it considers reasonable.

Unless prior approval has been obtained, the Board does not generally pay for health care that is new or that it does not generally accept as reasonably necessary for the treatment of a compensable personal injury, occupational disease or mental disorder. The Board considers the scientific evidence and information regarding the effectiveness of such health care, as part of determining whether to grant approval.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

2. GENERAL POSITION OF PHYSICIANS AND QUALIFIED PRACTITIONERS

The Board's general position is that a worker's treatment should be overseen by only one physician or qualified practitioner at a time. There are cases, however, where the Board may consider concurrent treatment to be reasonable, as discussed in Item C10-73.00, *Direction, Supervision, and Control of Health Care*.

Physicians and qualified practitioners are confined to treat injuries to the parts of the body they are authorized by their governing statutes, regulations and bylaws to treat.

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The Board may further limit the injuries and parts of the body they are authorized to treat. The provision of any unauthorized treatment is an offence. The maximum fine for committing this offence is set out in Appendix 6 to this *Manual*.

The Board will not pay for a worker to attend a physician or qualified practitioner whose right to render health care has been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in policy item #95.30, *Failure to Report*.

Physicians and qualified practitioners are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, the treatment possibilities, whether the injury, occupational disease or mental disorder could have been caused by the worker's employment, the worker's prognosis, and, where appropriate, expectations for return to work. Physicians and qualified practitioners are also required to give all reasonable and necessary information, advice and assistance to workers and their dependants in making an application for compensation.

3. CONSULTATION WITH SPECIALIST PHYSICIANS

On an accepted claim where health care is continuing, it is not necessary for a worker to obtain approval from the Board before seeing a specialist for a consultation, provided the necessity for consultation is shown on the referring physician's reports.

Where the Board arranges a referral with a specialist, the Board notifies the worker's physician or qualified practitioner.

When either the Board or the worker's physician refers a worker to a specialist and the specialist produces a report, the specialist is required to provide a copy of the report to both the Board and the worker's physician or qualified practitioner.

3.1 Surgical Treatment

Surgeons are one type of physician recognised by the Royal College of Physicians and Surgeons of Canada as having specialist qualifications.

The Board does not expect specialist physicians working under emergency conditions to obtain prior authorization from the Board before performing necessary surgical treatments.

However, prior authorization from the Board is required before a worker receives any elective surgical treatments, including investigative surgery, and the Board applies the policy in Item C10-73.00, *Direction, Supervision, and Control of Health Care*, in making this determination. If prior authorization is not obtained and the Board determines that

the elective surgical treatment was not acceptable under the claim, the Board does not pay for the treatment.

The Board does not generally authorize investigative surgery before a claim is adjudicated, because such invasive procedures could result in a disability. However, if a worker pays the cost of investigative surgery, the Board may consider any resultant reports in adjudicating the worker's claim. If the claim is subsequently allowed, the Board may then pay the health care account for the investigative surgery under Item C10-75.00, *Health Care Accounts – General*.

3.2 Psychiatric Consultation and Treatment

A psychiatrist is one type of specialist physician. "Psychiatrist" means a physician who is recognized by the College of Physicians and Surgeons of British Columbia, or another accrediting body recognized by the Board, as being a specialist in psychiatry.

The Board generally approves psychiatric examination of a worker for the purposes of assessment or consultation on an investigative basis.

Prior to paying for psychiatric treatment, the Board requires an examination report from the worker's psychiatrist relating to diagnosis, etiology, treatment possibilities and prognosis.

4. CHIROPRACTORS

Registered members in good standing with the College of Chiropractors of British Columbia may provide chiropractic treatment and services to injured workers. Chiropractors may provide the chiropractic treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

4.1 Duration of Treatment

The Board determines the duration of chiropractic treatment and services that it considers reasonable. The Board considers up to five weeks of chiropractic treatment reasonable for most compensable personal injuries, but pays for up to eight weeks of treatment.

The Board may pay for extensions beyond eight weeks based on a review of the evidence. The Board does not pay for more than one chiropractic treatment per day.

4.2 Scope of Treatment

The Board may set out the types of chiropractic treatment and services that it considers reasonable for most compensable personal injuries. The Board limits chiropractic

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treatment to the compensable area of injury and requires the chiropractic treatment to be reasonably necessary for the worker's compensable personal injury.

Prior to refusing or terminating authorization for chiropractic treatment, the Board considers all relevant medical opinions or other expert professional advice and information regarding the appropriateness of the treatment.

If the Board limits a worker's health care by terminating its authorization for chiropractic treatment, the Board communicates the decision to the chiropractor and the worker. The Board normally pays accounts for health care provided before the decision date.

4.3 X-rays

X-rays of the affected anatomical area may be taken for the purpose of assisting a chiropractor in the treatment of a worker. The Board pays health care accounts for x-rays in accordance with the current Board contract and/or fee schedule in place at the time of service delivery. The Board does not pay for:

- full-length views of the spine;
- x-rays of non-interpretable quality;
- x-rays of areas of the body not injured; and
- excess, or duplication of, x-rays.

5. DENTISTS

Registered members in good standing with the College of Dental Surgeons of British Columbia may provide dental treatment and services to injured workers. Dentists may provide the dental treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board generally pays for dental repair for damage caused by a compensable personal injury or occupational disease. "Personal injury" includes damage to dental crowns and fixed bridgework, as they are regarded as part of the anatomy. The Board pays for repair of dentures as set out in section 21(8)(b) of the *Act*.

Except in emergency cases, the Board does not pay health care accounts for dental treatments without prior Board approval of the dentist's proposed treatment.

Where there are two equally effective treatment plans, the Board normally authorizes the plan that is expected to be the least costly in the long term. If the dentist and/or a

worker chooses the more costly option, the Board pays for costs up to the amount that would have been paid for the authorized dental treatment plan.

6. PODIATRISTS

Registered members in good standing with the British Columbia Association of Podiatrists may provide podiatric treatment and services to injured workers. Podiatrists may provide the podiatric treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines the podiatric services that it considers reasonable. The Board may pay for podiatric services such as: primary care services, referral services, and special podiatric procedures.

7. NATUROPATHIC PHYSICIANS

Registered members in good standing with the College of Naturopathic Physicians of British Columbia may provide naturopathic treatment and services to injured workers. Naturopathic physicians may provide the naturopathic treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

7.1 Duration of Treatment

The Board determines the duration of naturopathic treatment and services that it considers reasonable. The Board considers up to eight weeks of naturopathic treatment reasonable for most compensable personal injuries, occupational diseases or mental disorder. The Board may pay for extensions of treatment beyond eight weeks based on a review of the evidence.

7.2 Scope of Coverage

The Board **determines whether it will pay for naturopathic remedies, treatments, or dietary supplements as part of an injured worker's claim.** ~~does not pay health care accounts for naturopathic remedies, treatments, or dietary supplements without prior Board approval of the naturopathic physician's proposed remedy, treatment, or supplement.~~

Following approval, the Board may pay health care accounts submitted by a naturopathic physician, medical laboratory, or a radiologist, for tests and services performed by or on behalf of the naturopathic physician, as they relate to the worker's compensable personal injury, occupational disease or mental disorder.

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8. NURSE PRACTITIONERS

Nurse practitioners in good standing with the British Columbia College of Nursing Professionals may provide nursing treatment and services to injured workers. Nurse practitioners may provide the nursing treatment and services authorized by the *Health Professions Act* and corresponding regulation and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

EFFECTIVE DATE:

~~July 18, 2018~~ **September 1, 2020**

HISTORY:

September 1, 2020 - Policy amended to streamline language on pre-approval requirements.

Housekeeping changes made on March 1, 2019 as a result of amendments to various regulations under the *Health Professions Act*, effective September 4, 2018, creating name of British Columbia College of Nursing Professionals.

APPLICATION:

This Item applies to health care expenses incurred and health care provided on or after ~~July 18, 2018~~ **September 1, 2020**.



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RE: Other Recognized Health Care Professionals ITEM: C10-77.00

BACKGROUND

1. Explanatory Notes

This policy provides guidance regarding an injured worker's entitlement to the services of recognized health care professionals, other than physicians and qualified practitioners.

2. The Act

Section 21:

(1) See Item C10-72.00.

...

(6) See Item C10-73.00.

...

(8) See Item C10-76.00.

Section 56:

...

(4) See Item C10-76.00.

3. Health Professions Act

Section 12(1):

The Lieutenant Governor in Council may, by regulation, designate a health profession for the purposes of this Act.

Section 15(1):

On designation of a health profession under section 12 (1), a college responsible for carrying out the objects of this Act in respect of the health profession is established.



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POLICY

1. DEFINITION

As set out in Item C10-72.00, *Health Care – Introduction*, “other recognized health care professionals” are health care professionals other than physicians and qualified practitioners, recognized by the Board through contracts and/or fee schedules, to provide health care to injured workers, such as acupuncturists, audiologists, community health workers, denturists, dietitians, massage therapists, nurses other than nurse practitioners, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, prosthetists and orthotists, psychologists, and other mental health care providers.

2. AUTHORIZATION FOR HEALTH CARE SERVICES

The Board may authorize persons other than physicians or qualified practitioners to provide health care to injured workers.

The Board establishes the types of treatment and fees it pays for health care through contracts or by implementation of fee schedules, as appropriate. If there is no contract and/or fee schedule in place with respect to a certain type of health care, the Board pays an amount that it considers reasonable.

Generally, the Board pays in accordance with the rates set out in the current Board contracts and/or fee schedules in place at the time of service delivery, regardless of whether the other recognized health care professional is a Board-authorized service provider under the contract and/or fee schedule.

Generally, the Board does not pay for health care that is new, non-standard or not generally accepted by the Board, unless prior Board approval has been obtained. The Board considers the scientific evidence and information regarding the effectiveness of such health care, when deciding whether to grant payment approval.

The Board only pays for the use of spas, public swimming pools or other exercise facilities as health care where the spa, public swimming pool or other exercise facility is used in the presence of another recognized health care professional as part of a Board-approved treatment program.

Generally, the Board only pays health care accounts for treatment provided to injured workers at their residence, when the injured worker is non-ambulatory and the visit is pre-approved by the Board.

3. GENERAL POSITION OF OTHER RECOGNIZED HEALTH CARE PROFESSIONALS

The Board's general position is that a worker should only be treated by one other recognized health care professional at a time.

Other recognized health care professionals are confined to treat injuries to the parts of the body they are authorized by their governing statutes, regulations and bylaws to treat. The Board may further limit the injuries and parts of the body they are authorized to treat. The provision of any unauthorized treatment is an offence. The maximum fine for committing this offence is set out in Appendix 6 to this *Manual*.

The Board does not pay for a worker to attend other recognized health care professionals whose rights to render health care have been cancelled or suspended either by the licensing body, or by the Board under the provisions referred to in policy item #95.30, *Failure to Report*.

Other recognized health care professionals are required to submit prompt, adequate and accurate reports to the Board. These reports should include information on the diagnosis, treatment possibilities, worker's prognosis, and, where appropriate, expectations for return to work.

4. ACUPUNCTURISTS

Registered members in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia may provide acupuncture treatment and services to injured workers. Acupuncturists may provide the acupuncture treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board **determines whether it will pay for acupuncture treatment as part of an injured worker's claim.** ~~may not pay for acupuncture treatment until it has received and approved a request from the acupuncturist outlining details such as the number of treatments expected, the treatment plan and the expected outcome.~~

The Board's approval of acupuncture treatment includes direction on the number of authorized treatment visits. ~~In most cases,~~ **Generally,** the Board limits payment to a maximum of five **eight** treatment visits ~~over a two-week period from the date of the injured worker's first visit,~~ unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service delivery.

5. AUDIOLOGISTS

Registered members in good standing with the College of Speech and Hearing Health Professionals of British Columbia may provide audiology services to injured workers. Audiologists may provide the audiology services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for audiology services as part of an injured worker's claim. The Board pays health care accounts for audiology services according to any current Board contract and/or fee schedule in place at the time of service delivery.

6. COMMUNITY HEALTH WORKERS

Community health workers include residential care aides, personal care attendants, registered care attendants, home support workers, rehabilitation aides, or nurses' aides. Community health workers work under the direction and supervision of a physician, nurse practitioner, registered nurse or licensed practical nurse.

Where appropriate, the Board may pay health care accounts for community health workers to provide injured workers with treatments such as home wound care services or home intravenous therapy services. The Board administers these services pursuant to any current Board contract and/or fee schedule in place at the time of service delivery.

7. DENTURISTS

Registered members in good standing with the College of Denturists of British Columbia may provide denturist services to injured workers. Denturists may provide the denturist services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board pays reporting or form fees to denturists for any reports that the Board requires, and pays health care accounts according to any current Board contract and/or fee schedule in place at the time of service delivery.

The Board may not pay for denturist services until it has received and approved an estimate from the denturist outlining:

- the extent of dental damage;
- the method of restoration recommended; and

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- the expected costs of the repair, itemized according to the current Board contract and/or fee schedule in place at the time of service delivery.

8. DIETITIANS

Registered members in good standing with the College of Dietitians of British Columbia may provide dietetic services to injured workers. Dietitians may provide the dietetic services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for dietetic services as part of an injured worker's claim. The Board pays health care accounts for dietetic services according to any current Board contract and/or fee schedule in place at the time of service delivery.

9. MASSAGE THERAPISTS

Registered members in good standing with the College of Massage Therapists of British Columbia may provide massage therapy treatment and services to injured workers. Massage therapists, registered massage therapists, massage practitioners, and registered massage practitioners may provide the massage therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

In most cases, the Board limits payment to a maximum of three treatment visits per week up to five weeks from the date of the injured worker's first visit, unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service delivery. The Board may pay for extensions of massage therapy treatments beyond five weeks based on a review of the evidence.

The Board does not pay for more than one massage therapy treatment per day.

10. NURSES

Registered nurses in good standing with the British Columbia College of Nursing Professionals and licensed practical nurses in good standing with the British Columbia College of Nursing Professionals may provide nursing treatment and services to injured workers. Nurses may provide the nursing treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

For workers who need nursing services while in a hospital, the necessary nursing service is determined and provided by the hospital. If the worker or the worker's family

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desires to have an additional or one-on-one nurse in attendance, the worker pays the cost of such nursing services.

Where appropriate, the Board may pay health care accounts for nurses to provide injured workers with treatments such as home wound care services or home intravenous therapy services. The Board administers these services pursuant to any current Board contract and/or fee schedule in place at the time of service delivery. The Board accepts reports received from nurses in remote locations as medical reports if there is no physician in the immediate area.

11. OCCUPATIONAL THERAPISTS

Registered members in good standing with the College of Occupational Therapists of British Columbia may provide occupational therapy treatment and services to injured workers. Occupational therapists may provide the occupational therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for occupational therapy treatment and services as part of an injured worker's claim. The Board pays health care accounts for occupational therapy treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

12. OPTICIANS

Registered members in good standing with the College of Opticians of British Columbia may provide opticianry services to injured workers. Opticians, dispensing opticians and contact lens fitters may provide the opticianry services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for opticianry services as part of an injured worker's claim. The Board pays health care accounts for opticianry services according to any current Board contract and/or fee schedule in place at the time of service delivery.

13. OPTOMETRISTS

Registered members in good standing with the College of Optometrists of British Columbia may provide optometry treatment and services to injured workers. Optometrists may provide the optometry treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for optometry treatment and services as part of an injured worker's claim. The Board pays health care accounts for optometry treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

14. PHARMACISTS

Registered members in good standing with the College of Pharmacists of British Columbia may provide pharmacy services to injured workers. Pharmacists may provide the pharmacy services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for pharmacy services as part of an injured worker's claim. The Board pays health care accounts for pharmacy services according to any current Board contract and/or fee schedule in place at the time of service delivery.

15. PHYSIOTHERAPISTS

Registered members in good standing with the College of Physical Therapists of British Columbia may provide physical therapy treatment and services to injured workers. Physical therapists, registered physical therapists, physiotherapists, registered physiotherapists, remedial gymnasts and registered remedial gymnasts may provide the physical therapy treatment and services authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

In most cases, the Board limits payment to a maximum of one visit per day up to eight weeks, or 22 visits, whichever is earlier, from the date of the injured worker's first visit, unless otherwise stated in any current Board contract and/or fee schedule in place at the time of service delivery. The Board may pay for extensions of physical therapy treatments and services beyond eight weeks or 22 visits based on a review of the evidence.

16. PROSTHETISTS AND ORTHOTISTS

Registered members in good standing with the Canadian Board for Certification of Prosthetists and Orthotists may provide prosthetic or orthotic services and devices to injured workers. Prosthetists and orthotists may provide prosthetic or orthotic services and devices as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for prosthetic or orthotic services and devices as part of an injured worker's claim. The Board pays health care accounts for prosthetic

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or orthotic services and devices according to any current Board contract and/or fee schedule in place at the time of service delivery.

17. PSYCHOLOGISTS AND COUNSELLORS

Registered members in good standing with the College of Psychologists of British Columbia may provide psychological treatment and services to injured workers. Psychologists, registered psychologists, psychological associates and registered psychological associates may provide psychological treatment and services as authorized by the *Health Professions Act* and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

Registered clinical counsellors in good standing with the British Columbia Association of Clinical Counsellors, or Canadian certified counsellors in good standing with the Canadian Counselling and Psychotherapy Association, may provide counselling treatment and services to injured workers. Registered clinical counsellors and Canadian certified counsellors may provide counselling treatment and services as authorized by their governing bodies and corresponding regulations and bylaws, and as outlined in any current Board contract and/or fee schedule in place at the time of service delivery.

The Board determines whether it will pay for psychological or counselling treatment and services as part of an injured worker's claim. The Board pays health care accounts for psychological or counselling treatment and services according to any current Board contract and/or fee schedule in place at the time of service delivery.

When psychological or counselling treatment and/or services are required, the Board arranges for a psychologist or counsellor to provide treatment and/or services to the worker according to the Board's Agreement for Mental Health Providers for Psychology Assessment Services, the Mental Health Treatment Service Agreement, and accompanying guidelines.

EFFECTIVE DATE:

~~July 18, 2018~~ **September 1, 2020**

HISTORY:

September 1, 2020 - Policy amended to increase acupuncture coverage and streamline language on pre-approval requirements.

Housekeeping changes made on March 1, 2019 as a result of amendments to various regulations under the *Health Professions Act*, effective September 4, 2018, creating name of British Columbia College of Nursing Professionals.

APPLICATION:

This Item applies to health care expenses incurred and health care provided on or after ~~July 18, 2018~~ **September 1, 2020**.